

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>15054</u>	2. Fiscal Year Covered From: <u>11/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing: Name <u>DEUNIS D. MALTAIS</u> P.O. Box, Bldg., Room No., If any _____ Street <u>13 Grape St.</u> City <u>New Bedford, MA</u> State <u>MASS.</u> ZIP Code + 4 <u>02740+4</u>	3. Name, file number, and address of labor organization. Name <u>LABORERS LOCAL 385</u> Labor Organization File Number <u>008550</u> P.O. Box, Building and Room Number, If any _____ Street <u>115 Alden Rd</u> City <u>Fairhaven</u> State <u>MASS.</u> ZIP Code + 4 <u>02719+4</u>
5. Position in labor organization. _____	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name <u>New England Laborers Train Aed.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., If any _____ Street <u>Rt 97 + MURDOCK RD.</u> <u>37 EAST ST.</u> City <u>Hopkinton,</u> State <u>MASS.</u> ZIP Code + 4 <u>01748</u>	7.a. Nature of Interest, Transaction, or Income. <u>See Attached</u> 7.b. Amount: _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)	
Signed <u>Dennis Maltais</u>	On <u>8-15-05 (508) 990 3314</u> Date Telephone Number

Name of Person Filing _____	File Number U- _____
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust See</p> <p><input type="checkbox"/> c. Employer Attached</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>New England Laborers Trust</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>37 EAST ST</u></p> <p>City <u>Hopkinton</u></p> <p>State <u>MASS.</u> ZIP Code + 4 <u>01748</u></p>	<p>11.a. Nature of such dealing. _____</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received. _____</p> <p>12.b. Amount _____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment. _____</p>
<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. _____</p>

Mr. Dennis Maltais, Recording Sec.		Mr Dennis Maltais, Instructor	
Laborers' Local Union 385		New England Laborers' Training Trust Fund	
115 Alden Road		37 East Street	
Fairhaven, MA 02719		Hopkinton, MA 01748	
		Annual salary: \$69,680	
1/14/2004	\$ 1,540.00	DENNIS MALTAIS	WELDING CERTIFICATION
1/26/2004	\$ 150.00	DENNIS MALTAIS	WELDING EXPENSES
1/28/2004	\$ 266.02	DENNIS MALTAIS	ROOM FOR WELDING CERT.
2/20/2004	\$ 295.20	DENNIS MALTAIS	AIRFARE CRANE INST
3/19/2004	\$ 450.00	DENNIS MALTAIS	CRANE INST-FLA EXPENSES
3/19/2004	\$ 395.00	DENNIS MALTAIS	CRANE INST-FLORIDA REGISTRATION
3/25/2004	\$ 1,434.00	DENNIS MALTAIS	CRANE INST -HOTEL
6/2/2004	\$ 354.09	DENNIS MALTAIS	IDP-AIRFARE
6/2/2004	\$ 300.00	DENNIS MALTAIS	IDP - EXPENSES
6/2/2004	\$ 69.60	DENNIS MALTAIS	IDP AIRPORT LIMO
6/10/2004	\$ 716.00	DENNIS MALTAIS	IDP - HOTEL
6/14/2004	\$ 69.60	DENNIS MALTAIS	IDP-LIMO TO AIRPORT
10/23/2004	\$ 200.00	DENNIS MALTAIS	MAINE CONF DAILEY EXP
10/26/2004	\$ 389.29	DENNIS MALTAIS	AIRFARE CENTRAL PLASTICS
11/11/2004	\$ 300.00	DENNIS MALTAIS	REGISTRATION FEE CENTRAL PLASTICS
11/13/2004	\$ 170.04	DENNIS MALTAIS	HOTEL CENTRAL PLASTICS
11/23/2004	\$ 66.58	DENNIS MALTAIS	FRUIT BASKET, TURKEY, SQUASH